Early Learning Sensory Support Program - Hearing Impairment 2020/2021 Request for Services Form

Child's Name:	DOB:
Sex: Male Female Race:	
Parents' Names: Address:	
Cell phone: Home:	Work:
Primary Language of Parent:	Work: Child:
Interpreter needed: Yes No	Translation needed: Yes No
If child is in legal custody of someone other than the	person with whom he/she lives, complete the following:
Legally Responsible Party:	
Address:	E-mail:
REQUEST FOR SERVICES SOURCE AND CONCERN	NS:
Local Education Agency Making Request:	
Contact Person:	Phone:
Envi	
Fax:E-mail: Type and Degree of Hearing Loss:	
Type and Begree of flearing 2000.	
	Address:
Auditory Skills Assessment Due D	Date: Address:
Vocabulary Skills Assessment Due Date:	Address:
Other:	
CERVICES REING REQUESTER (R)	
SERVICES BEING REQUESTED (Please check all that	at apply): Address:
3Di foi fil. Trequency and intensity.	Address
Supports for School Personnel: Teacher	of the Hearing Impaired Frequency and Intensity:
ESY Services: Frequency and Intensity:	Address:
Other:	
Signature of Local Education Agency Represent	rative Date

After review of current program capacity ELSSP will inform the Local Education Agency of its decision to accept or decline request within 14 days of its receipt.

Accepted Declined

EXCEPTIONAL CHILDREN DIVISION EARLY LEARNING SENSORY SUPPORT PROGRAM

Sherry H. Thomas, Director | sherry.thomas@dpi.nc.gov 6356 Mail Service Center, Raleigh, North Carolina 27699-6356 | (919) 807-3497 | Fax (919) 733-1873 AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Signature of ELSSP Lead Contact	Date